

10/12/01
10951 U.S. PTO

10-15-01

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002 OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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jc872 U.S. PTO
09/976299
10/12/01

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	
		Filing Date	
		First Named Inventor	Knox, Matthew J.
		Group Art Unit	
Examiner Name			
Total Number of Pages in This Submission	66	Attorney Docket Number	14064

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	New Specification
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Autoliv ASP, Inc.
Signature	<i>Gary B.</i>
Date	10/11/01

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: **10/11/01**

Typed or printed name	Vickie Harris	Date	10/11/01
Signature	<i>Vickie Harris</i>		

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 2,022.00)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Knox, Matthew J.
Examiner Name	
Group Art Unit	
Attorney Docket No.	14064

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
 Deposit Account Number **500532**
 Deposit Account Name **Autoliv ASP, Inc.**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:
 Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	740
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$ 740.00)

2. EXTRA CLAIM FEES

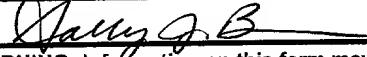
Total Claims	Extra Claims	Fee from below	Fee Paid
61	-20** = 41	x 18	= 738
9	- 3** = 6	x 84	= 504
Multiple Dependent			

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 1,242.00)

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205	65	Surcharge - late filing fee or oath	
127 50	227	25	Surcharge - late provisional filing fee or cover sheet	
139 130	139	130	Non-English specification	
147 2,520	147	2,520	For filing a request for ex parte reexamination	
112 920*	112	920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115 110	215	55	Extension for reply within first month	
116 400	216	200	Extension for reply within second month	
117 920	217	460	Extension for reply within third month	
118 1,440	218	720	Extension for reply within fourth month	
128 1,960	228	980	Extension for reply within fifth month	
119 320	219	160	Notice of Appeal	
120 320	220	160	Filing a brief in support of an appeal	
121 280	221	140	Request for oral hearing	
138 1,510	138	1,510	Petition to institute a public use proceeding	
140 110	240	55	Petition to revive - unavoidable	
141 1,280	241	640	Petition to revive - unintentional	
142 1,280	242	640	Utility issue fee (or reissue)	
143 460	243	230	Design issue fee	
144 620	244	310	Plant issue fee	
122 130	122	130	Petitions to the Commissioner	
123 50	123	50	Processing fee under 37 CFR 1.17(q)	
126 180	126	180	Submission of Information Disclosure Stmt	
581 40	581	40	Recording each patent assignment per property (times number of properties)	40
146 740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279	370	Request for Continued Examination (RCE)	
169 900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____				
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 40.00)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Sally J. Brown	Registration No. (Attorney/Agent)	37,788	Telephone (801) 625-4934
Signature			Date	10/10/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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